

Medical Care Advisory Committee

Minutes of January 18, 2018

Participants

Committee Members Present

Andrew Riggle (Chair), Dr. William Cosgrove, Jenifer Lloyd, Mark Brasher, Sara Carbajal-Salisbury (via phone), Christine Evans, Danny Harris, Steven Mickelson, Adam Cohen, Dale Ownby, Peter Zeigler, Doug Springmeyer, Jessie Mandle, Ginger Phillips.

Committee Members Absent

Jonathan George, Donna Singer, Debra Mair, Mark Ward, Dr. Samuel Bailey

DOH Staff

Nate Checketts, Jennifer Meyer-Smart, Ginny Henderscheid

Guests

Charles Pruitt, MD, Kristeen Jones-Select Health, Tracy Altman-UUHP, Joel Hoffman-Director, Bureau of Health Facility Licensing and Certification, UDOH, Ed Dreringer-UAHC, Krisann Bacon, Kris Fawson-Director, USILC, Kelly Peterson-Product Director-U of U Health Plan (via phone).

Welcome

Meeting commenced at 2:06 p.m. Chairperson, Andrew Riggle welcomed all attendees present and those calling on the phone.

Nate Checketts announced Jennifer Meyer-Smart will be leaving the MCAC committee coordinator position to fill the position of Program Manager for the 1115 PCN Waiver. Krisann Bacon will take over as the MCAC committee coordinator and transition over the next few months.

Approval of Minutes

Andrew Riggle asked to review the minutes to approve.

MOTION: Adam Cohen moved to approve the September 2017 and December 2017 minutes. Dr. Cosgrove seconded the motion. All approved. None opposed.

New Rulemakings

Craig Devashrayee – New Rulemaking

R414-4x Policy Statement on Denial of Payment to Medicaid Provider When Client Fails to Keep Scheduled Appointment (Rule Repeal). Filed 11/7/2017. Pending final approval with a possible effective date 1/9/2018.

R414-22 Medicaid Policy for Reconstructive and Cosmetic Procedures (Five-Year Review). Filed for another five years on 11/9/2017. Effective date 11/9/2017

R414-517 Inpatient Hospital Provider Assessments. Filed on 12/1/2017. Effective date 1/23/2018

R414-27 Medicaid Enrollment Process for Nursing Care Facilities (Five-Year Review). Filed for another five years on 1/2/2018. Effective 1/2/2018.

R414-3A Outpatient Hospital Services (Change in Proposed Rule). Filed 1/2/2018. Effective on 2/21/2018.

R414-301 Medicaid General Provisions (Five-Year Review). Filed for another five years on 1/8/2018. Effective 1/8/2018.

R414-302 Eligibility Requirements (Five-Year Review). Filed for another five years on 1/8/2018. Effective 1/8/2018.

R414-303 Coverage Groups (Five-Year Review). Filed for another five years on 1/8/2018. Effective 1/8/2018.

R414-304 Income and Budgeting (Five-Year Review). Filed for another five years on 1/8/2018. Effective 1/8/2018.
R414-305 Resources (Five-Year Review). Filed for another five years on 1/8/2018. Effective 1/8/2018.
R414-306 Program Benefits and Date of Eligibility (Five-Year Review) Filed for another five years on 1/8/2018. Effective 1/8/2018.
R414-308 Application, Eligibility Determinations and Improper Medical Assistance (Five-Year Review). Filed for another five years on 1/8/2018. Effective 1/8/2018.

Jeff Nelson – Eligibility Enrollment Update

Jeff presented on the Medicaid eligibility enrollment totals. Jeff reported that in April 2016, Medicaid enrollment peaked indicating the highest enrollment in years. Currently, the graph shows a slight decline. This was expected due to a strong economy, which will decrease over time. In 2014, the CHIP graph showed an increase due to Medicaid children moving over to the CHIP program. Currently, there is a slight increase in CHIP, which was expected, again noting a strong economy with an expected slow decline over time.

Jeff announced that starting February 1st through February 28, 2018, there will be an open enrollment for Primary Care Network (PCN). PCN is a low cost health plan for uninsured adults. Jeff indicated currently 13,177 are enrolled in PCN. Individuals can apply online at: www.health.utah.gov/pcn or call for an application at 1-888-222-2543.

Jeff continued on his report on the enrollments for people over age 65 and people with disabilities. The graphs indicates an increase in both. Jeff was unable to explain why, but the graph showed a slight decline in pregnant women at this time. Jeff did note that the decline in pregnant women was seen nationally as well. Medicaid enrollment for children was discussed pointing out Medicaid covers so many more children than the rest of the Medicaid programs combine. This will tend to drive the curve for Medicaid overall.

A question was asked if the targeted adult expansion group was shown in the graph. Jeff stated those enrollment numbers are included in the Adult Medicaid Enrollment group.

Jessie Mandel asked how many adult parents were enrolled since July's HB437 implementation. Dale Ownby-DWS responded the count was 2,200.

Joel Hoffman - Legislative Audit – Bureau of Licensed Health Facilities

Joel gave an overview of their Bureau as regulating health care facilities and providers in the state of Utah, to license health facilities, and regularly inspect the facilities for compliance. The Bureau works with health facilities to develop and revise state regulations and to perform regular on-site inspections. Some of the Utah health care providers participate in Medicare and Medicaid. These include hospitals, nursing homes, assisted living facilities, and institutions for the developmentally disabled. The Bureau also conducts background screenings and investigates complaints from the public.

Joel reported on the DOH legislative audit that was conducted this past year and summarized the 10 recommendations.

Policy items:

1. Recommended the bureau to calculate and track the average time between surveys for each facility type to understand backlog.
2. To adopt a formal civil monetary policy that can be applied consistently among providers.
3. Adopt a policy detailing what would allow the bureau to appeal a deniable offense during the first level of a background screening.

Funding Issues:

4. Adopt by improving efficiencies such as implementing an electronic survey process.
5. Develop oversight standards for quality and survey duration and benchmark funding to that level. This would be asking how often the legislative auditors would want surveys to be done at health facilities.
6. To publically post survey findings on-line.

Process Finding:

7. Utilize statutory and enforcement mechanisms that promote provider compliance and maximize state resources. This would involve placing monitors in facilities that are struggling.
8. Amend administrative rules to align with current survey practice.
9. To assist providers to ensure compliance with staff background screening.
10. Last policy recommendation for an automated safe system with Human Services. This is being worked on.

Joel indicated they are working on each of these 10 health facility item recommendations and meeting monthly to process plans. A question was asked as to what the course of action is if there was a complaint on a facility. Joel reported on the process that is in place for complaints that are received by electronic form and telephone calls.

Andrew Riggles asked if there was any requests for legislative funds to address needs in 2018. Joel indicated there is a proposed building block grant for additional staff to assist in inspections. Joel reported on two of the largest inspection groups which are assisted living facilities with 230 facilities, and personal care agencies with approximately 75-80 facilities.

Doug Springmeyer asked the distinction between licensed facilities that do not receive Medicaid and certified facilities receiving Medicaid. Joel responded licensed only facilities are not certified to receive Medicaid. However, there are Medicaid waiver programs that may have a client enrolled who have moved into a licensed facility. Joel explained these individuals would still receive certain services covered by that waiver.

Doug asked the number of staff working at the Bureau. Joel responded four staff process licenses for 400 facilities, 18 staff for 102 nursing home facilities and 10 other staff facilitating certifications for hospitals, surgery centers, and home health hospice.

Ginger Phillips questioned monitoring inspection screening with DHS, and how often they follow up on inspection findings. Joel summarized the 60-day process for cited facilities to correct or make changes. After 60-days, there might be sanctions imposed or fines. Returning for inspection was a concern as this might take longer due to lack of staff.

Ginger questioned background screening for individuals going through PEER training who are denied due to a history of substance abuse or correctional issues. Joel responded they are working with DHS to connect with them on a new data system called Direct Access Clearance (DAC). DAC will enter all background findings with current data to be available immediately. Prior, findings would take months. As for the concern of denials due to issues noted, Joel remarked there are options if denied work. Joel mentioned pursuing a denial hearing or the individual might have conditions to meet and with these in place, generally they are allowed to work.

RyLee Curtis – Ballot Initiative – Medicaid Expansion

Utah Decides Healthcare Initiative

RyLee distributed materials on Utah Decides Healthcare Initiative. This initiative needs 113,143 signatures by April 16, 2018 to be able to put this on the November 2018 ballot.

An overview was given by stating that in 2018, voters will have the opportunity to expand Medicaid and provide affordable, comprehensive health insurance to Utah's most vulnerable citizens. These improvements will bring in needed federal funding and will allow tens of thousands to be covered. It would also improve the quality of care received by low-income Utahns by expanding the network of healthcare services to 100,000 individuals by increasing access to providers, treatment, and pharmacies both in rural areas and along the Wasatch Front.

The main accomplishment include:

- Eligibility - The standards, methodologies, and procedures for determining Medicaid CHIP eligibility shall be no more restrictive than the eligibility standards procedures that were in effect on January 1, 2017. There shall be no caps on enrollment, Medicaid eligibility to include all Utahns making less than 138% of the federal poverty level. An increase in the sales tax from 4.7% to 4.85% will pay for Utah's small portion of the costs.

- The amount, duration, and scope of care and services that are covered by Medicaid and CHIP shall be no more restrictive than the amount, duration, and scope of care and services covered on January 1, 2017.
- Any cost sharing requirements in Medicaid, including but not limited to premiums, co-pays, co-insurance rates, deductibles, or out-of-pocket maximums, shall be no greater than the cost sharing requirements imposed on January 1, 2017.
- Payments to providers under Medicaid and CHIP shall be made at a rate not less than 100% of the payment rate that applied to such care and services on January 1, 2017, subject to an annual adjustment.
- This expansion would not require a waiver from CMS. This is an expansion through a state plan amendment and would not need to have an approval period as past waivers. All adult and children are covered as long as they are eligible through state Medicaid.

Ginger inquired, as personally being on SSDI, what was the dollar amount of 138% above the Federal Poverty Level (FPL). Jeff Nelson responded it would be approximately \$16,000 a year, and that SSDI counts as income towards this limit.

Christine Evans asked where the current FPL chart could be found on the website. It was suggested to google "Family USA Federal Poverty Level".

Steve Mickelson asked how much this expansion would cost. Rylee reported it would \$0.3 cents on twenty dollars on non-food items remarking on the great benefit investment for all Utahns.

It was asked how the initiative gets on the ballot and how can someone get involved. RyLee encouraged to sign a sponsor statement in support of the initiative, volunteering to help collect signatures of registered voters (especially in rural areas), donating to the campaign, or to be a packet signing location.

Nate Checketts – Director’s Report

2018 Governor’s Budget

Nate reported the Governor released the budget in December and spoke on the Medically Complex Children’s Waiver (MCCW) pilot program. The State submitted the MCCW application to the Centers for Medicare and Medicaid Services (CMS) on June 30, 2015. CMS approved the MCCW with an October 1, 2015 effective date. The MCCW serves children with disabilities and complex medical conditions who are between 0 – 18 years of age. There is continued funding for the program until June 2018. If DOH does not get additional funding through the legislature, this program will discontinue. There are over 500 children served statewide. It was requested that Jennifer Mayer-Smart send out more information.

HB12 Family Planning Services Amendments budget item was summarized as a three-year pilot program to cover the gap for individuals with 100% of FPL. This would cover men and women. This will cover 11,000 individuals with \$1.4 million to run the program.

Accountable Care Organization (ACO) rate was increased to 3.5% and placed in the budget by the Governor. A question was asked how this percentage rate was determined. Nate explained if the state general fund is growing at least 2%, the state is required to increase the base budget by 2%. The Governor’s Office of Management and Budget estimated the general fund growth rate would be approximately 3.5%. The Governor’s budget recommended 3.5% rate increased be placed in the budget. This is a cost of \$3.7 million. This matches what was authorized last year.

Medicaid consensus was reported on. FY2018 supplemental and the 2019 number show increased pressure on the budget. Andrew asked what caused the increase. Nate responded that it was a combination of things contributing to it, not once specific thing.

Transition program was reported on as helping individuals with disabilities that are in intermediate care facilities. This program was intended to serve 32 individuals. The Governor’s budget authorized \$488,000 dollars for individuals to transition out of facilities and into the community support waiver. Nate reported the Disability Law Center found issues

with this program and currently there is a pending lawsuit. Nate stated he is restricted in what he can say but was able to read the Department's statement on this.

Legislative Session Items

Nate reported that a second piece to HB12 Family Planning Services is the long acting reversible contraceptive, which Medicaid does reimburse. However, it was requested by providers that the Medicaid bundle rate that is reimbursed is not adequate for services covered and requested a separate bundle payment for the long acting reversible contraceptives that are delivered in the hospitals.

HB163 Prescription Drug Importation Program. This program authorized DOH (with help from Human Services) to import drugs from Canada. A federal waiver would be needed to implement this. Ginger asked how rebates work. Nate explained that if DOH uses preferred drugs the drug companies can give a rebate which makes the drugs less expensive for the state. He also added that DOH can't disclose the dollar amount in rebates. A question was asked regarding rebates and comparing the costs of drugs. John Curless spoke indicating there was no current information on the rebates at the current time.

SB47 Medicaid Expansion Amendments was reported on. This is similar to bills from previous sessions with some slight changes.

SB48 Medicaid Waiting Period. State has an option whether to cover legal residents who are here less than five years. This impacts children who are receiving Medicaid or CHIP and have been here less than five years. There are less than 400 Medicaid children and 75 CHIP children impacted.

Rep. Spendlove's Bill- Medicaid Expansion up to 100% FPL. This bill is not public and can't be discussed yet. RyLee asked if this would require a CMS waiver. Nate responded that if the bill is run through legislature it can be discussed with CMS while it is being considered, prior to a waiver being submitted. Normally, DOH discusses pending bills with CMS to let them know what is being considered at the state level.

Andrew asked if there is any discussion of implementing work requirements for adults with children. Nate stated he can't comment on this yet.

CHIP Update

Congress authorized six months of additional funding for CHIP from September 31, 2017 to the end of March 31, 2018. Congress did not confirm reauthorization of this program after this date. If Congress does not reauthorize funding the CHIP program will discontinue March 31, 2018.

Targeted Adult Medicaid Update Jennifer Meyer-Smart

Jennifer reported that 624 individuals were enrolled in Targeted Adult Medicaid. The subgroups that are enrolled are:

- 307 homeless
- 68 support housing
- 218 Drug and mental health court
- 30 SUD program through jail or prison
- 1 state hospital

Jennifer reported that applications received in November were 458 with 228 approvals and 156 denials. Applications received in December were 683, with 286 approvals and 241 denials. However, this is just an estimate as they submitted through the TAM@utah.gov email, and they are manually counted.

Jennifer explained the top reasons for denials were being over the income limit, eligible for other medical programs, and living arrangements.

Andrew asked where CMS is on the waiver amendment to add work requirements and time limits. CMS suggested these be considered separate from the Targeted Adult amendment, to allow for an earlier approval of Targeted Adult Medicaid. CMS sent a template to us with their guidance for work requirements. DOH hasn't had much discussion with CMS yet on time limits.

Other Items

Andrew announced the next MCAC meeting is an informal meeting on Thursday, February 15, 2018, in the Olmsted Room, East Senate Building, in the Capitol Complex from 2:00 p.m. to 4:00 p.m.

If there are topics for consideration please email to Jennifer Meyer-Smart at jmeyersmart@utah.gov.

MOTION: Danny Harris moved to adjourn meeting. All were in favor. None opposed. With no further business to conduct, meeting was dismissed at 4:16 p.m.